Case 19-35357 Doc 1 Filed 10/10/19 Entered 10/10/19 16:03:05 Desc Main Document Page 1 of 50

| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF VIRGINIA | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Ashley First name Dawn Middle name Glassner Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8566 | |

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Debtor 1 Ashley Dawn Glassner

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|--|---|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | |
| | | EINs | EINs | | |
| 5. | Where you live | 6002 Patterson Ave | If Debtor 2 lives at a different address: | | |
| | | Richmond, VA 23226 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Richmond City | | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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Debtor 1 Ashley Dawn Glassner

Case number (if known)

| 7. | | | | | | | |
|----------------------------|--|-------------|----------------------------------|--|---|--|--|
| | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required by</i> page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box. | |
| | choosing to file under | ■ Chapter 7 | | | | | |
| | | □ с | hapter 11 | | | | |
| | | □ с | hapter 12 | | | | |
| | | _ | hapter 13 | | | | |
| | | | | | | | |
| 8. | How you will pay the fee | | about how yo | u may pay. Typ attorney is subr | ically, if you are paying the fee yo | k with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with | |
| | | | | | callments. If you choose this options (Official Form 103A). | on, sign and attach the Application for Individuals to Pay | |
| | | | but is not req applies to you | uired to, waive y ir family size an | our fee, and may do so only if your fee, and may do so only if you you are unable to pay the fee ir | n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that a installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition. | |
| 9. Have you filed for ■ No | | | | | | | |
| • | bankruptcy within the | ■ No | | | | | |
| | last 8 years? | ☐ Ye | | | | | |
| | | | District | | | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy | ■ No |) | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business | ☐ Ye | es. | | | | |
| | partner, or by an affiliate? | | | | | | |
| | anniate: | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your | ■ No | Go to li | ne 12. | | | |
| | residence? | ☐ Ye | s. Has yo | ur landlord obta | nined an eviction judgment agains | t you? | |
| | | 0 | | No. Go to line | | | |
| | | | | | itial Statement About an Eviction . | Judgment Against You (Form 101A) and file it as part of | |

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Document Case number (if known) Debtor 1 Ashley Dawn Glassner

| Par | Report About Any Bu | sinesses | You Own | as a Sole Proprie | etor | |
|---|---|--------------|---------------------------|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | |
| | | ☐ Yes. | Name | and location of bus | siness | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Star | ate & ZIP Code | |
| | it to this petition. | | Check | the appropriate bo | ox to describe your business: | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real | l Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as d | defined in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | e | |
| Chapter 11 of the dea Bankruptcy Code and are ope | | deadlines | . If you in s, cash-fl | dicate that you are ow statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure | |
| | For a definition of small | ■ No. | I am n | ot filing under Chap | pter 11. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | | ☐ Yes. | I am fi | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | |
| Pari | Penort if You Own or | Have Any | Hazardo | us Property or An | ny Property That Needs Immediate Attention | |
| | Do you own or have any | | Tiazaruo | us i roperty of Air | ry Froperty That Needs infinediate Attention | |
| 17. | property that poses or is alleged to pose a threat of imminent and | ■ No. □ Yes. | What is t | the hazard? | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | Number, Street, City, State & Zip Code | |
| | | | | | runnoer, Street, Oity, State & Zip Code | |

Debtor 1 Ashley Dawn Glassner

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-35357 Doc 1 Filed 10/10/19 Entered 10/10/19 16:03:05 Desc Main Document Page 6 of 50 Case number (if known) Debtor 1 **Ashley Dawn Glassner** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." vou have? ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50.000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Ashley Dawn Glassner
Ashley Dawn Glassner
Signature of Debtor 1

Executed on October 10, 2019

Executed on

Executed on October 10, 2019

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Ashley Dawn Glassner

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Case number (if known)

| /s/ Patrick Thomas Kei | th | Date | October 10, 2019 |
|--------------------------------------|-------|---------------|--------------------|
| Signature of Attorney for Do | ebtor | _ | MM / DD / YYYY |
| Patrick Thomas Keith | 48446 | | |
| Printed name | | | |
| Boleman Law Firm, P.0 | C. | | |
| Firm name | | | |
| P.O. Box 11588 | | | |
| Richmond, VA 23230-1 | 588 | | |
| Number, Street, City, State & ZIP Co | ode | | |
| Contact phone (804) 358-9 | 900 | Email address | ecf@bolemanlaw.com |
| 48446 VA | | | |
| Bar number & State | | | |

| | | DOCUM | <u>:111 Page 8 01 50</u> | |
|---------------------|--------------------------|--------------------|--------------------------|------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Ashley Dawn Gla | ssner | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F VIRGINIA | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets | | |
|-----|---|---------------------|----------------------------|
| | | Your as Value of | sets what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 4,149.81 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 4,149.81 |
| Par | t2: Summarize Your Liabilities | | |
| | | Your lia Amount | bilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 130.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 8,893.00 |
| | Your total liabilities | \$ | 9,023.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 514.17 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 980.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | edules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | personal, | family, or |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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the court with your other schedules.

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

267.45

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 130.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 2,661.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 2,791.00 |

| | | | Document | Page 10 of 50 | | |
|-------------------|--------------|---|---|---------------------------------|--|---|
| Fill in | this info | ormation to identify your | case and this filing: | | | |
| Debto | · 1 | Ashley Dawn Gla | assner | | | |
| | • | First Name | Middle Name | Last Name | | |
| Debto | | | | | | |
| (Spouse | , if filing) | First Name | Middle Name | Last Name | | |
| United | States E | Bankruptcy Court for the: | EASTERN DISTRICT OF VIRO | SINIA | | |
| Casa | number | | | | | П о |
| Case | lumbei | | | | | ☐ Check if this is an amended filing |
| | | | | | | amonada ming |
| | | | | | | |
| Offic | cial F | orm 106A/B | | | | |
| Sch | nedu | ile A/B: Prop | ertv | | | 12/15 |
| | | | pe items. List an asset only once. If | f an asset fits in more than or | ne category, list the asset i | |
| hink it nforma | fits best. | Be as complete and accuratore space is needed, attach | ate as possible. If two married peop a a separate sheet to this form. On t | ole are filing together, both a | re equally responsible for s | supplying correct |
| | | | | | | |
| Part 1: | Describ | be Each Residence, Building | g, Land, or Other Real Estate You C | Own or Have an Interest In | | |
| . Do y | ou own o | or have any legal or equitabl | e interest in any residence, buildin | g, land, or similar property? | | |
| ′ | | , , , | • | | | |
| ■ N | o. Go to F | Part 2. | | | | |
| ☐ Y | es. Where | e is the property? | | | | |
| | | | | | | |
| Part 2: | Describ | oe Your Vehicles | | | | |
| | | | | | | |
| | | | uitable interest in any vehicles, le, also report it on Schedule G: | | | vehicles you own that |
| omeoi | ie eise u | inves. Il you lease a verilo | ile, also report it on <i>scriedule G.</i> | Executory Contracts and O | nexpireu Leases. | |
| 3. Car | s, vans, | trucks, tractors, sport u | tility vehicles, motorcycles | | | |
| ПΝ | 0 | | | | | |
| ■ Y | | | | | | |
| — 1 | es | | | | | |
| 0.4 | Malia | Ford | Miles has an interest in t | W | Do not deduct secured | claims or exemptions. Put |
| 3.1 | Make: | Fiesta | Who has an interest in t | tne property? Check one | the amount of any secu | red claims on Schedule D: |
| | Model: | | Debtor 1 only | | Creditors Who Have Ci | aims Secured by Property. |
| | Year: | 2014 nate mileage: 90 | Debtor 2 only Debtor 1 and Debtor 2 |) only | Current value of the entire property? | Current value of the portion you own? |
| | Other info | | At least one of the del | • | entire property: | portion you own: |
| Γ | | | At least one of the del | biors and another | | |
| İ | | | ☐ Check if this is com | munity property | \$3,350.00 | \$3,350.00 |
| L | | | (see instructions) | | | |
| | | | | | | |
| . Wat | ercraft, | aircraft, motor homes, A | TVs and other recreational vel | nicles, other vehicles, and | d accessories | |
| Exar | nples: Bo | oats, trailers, motors, pers | onal watercraft, fishing vessels, s | snowmobiles, motorcycle ad | ccessories | |
| ■ N | | | | | | |
| | | | | | | |
| ΠY | es | | | | | |
| | | | | | | |
| - A-I | | llan valva af tha mantian | for all of autilion | form Dout O including on | | |
| | | | you own for all of your entries . Write that number here | | | \$3,350.00 |
| | | | | | | |
| | | | | | | |
| Part 3: | Describ | be Your Personal and Hous | ehold Items | | | |
| | | | ehold Items table interest in any of the follo | owing items? | | Current value of the |
| | | | | wing items? | | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 1

| | | Case 19-35357 Doc 1 Filed 10/10/19 Entered 10/10/19 16:03:05 Document Page 11 of 50 | Desc Main |
|-----|---------------|---|-------------------------------|
| De | btor 1 | Ashley Dawn Glassner Case number (if known) | |
| | Example: No | Id goods and furnishings s: Major appliances, furniture, linens, china, kitchenware Describe | |
| | □ No | s: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music c including cell phones, cameras, media players, games Describe | |
| | | Cell Phone | \$100.00 |
| | Example: ■ No | les of value s: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, other collections, memorabilia, collectibles Describe | or baseball card collections; |
| | Example: | nt for sports and hobbies s: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a musical instruments Describe | and kayaks; carpentry tools; |
| | ■ No | s es: Pistols, rifles, shotguns, ammunition, and related equipment Describe | |
| | □ No | es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe | |
| | | Clothing | \$500.00 |
| | ■ No | es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g Describe | old, silver |
| | Example ■ No | m animals es: Dogs, cats, birds, horses | |
| | ☐ Yes. [| Describe | |
| | ■ No | er personal and household items you did not already list, including any health aids you did not list Give specific information | |
| 15 | | e dollar value of all of your entries from Part 3, including any entries for pages you have attached t 3. Write that number here | \$600.00 |
| Pa | rt 4: Desc | cribe Your Financial Assets | |
| _ a | De3(| cine four finalization assets | 0 |

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Page 12 of 50 Case number (if known) Document Debtor 1 **Ashley Dawn Glassner** 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Cash on Hand \$51.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... **Atlantic Union Bank** \$2.00 Checking 17.1. **Atlantic Union Bank** \$2.00 17.2. Checking **Ally Bank** \$75.05 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. □ No ■ Yes. Give specific information about them Issuer name: **Bonds** \$68.76 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No

Case 19-35357

Doc 1

Filed 10/10/19

Entered 10/10/19 16:03:05

Desc Main

| | Case 19-35357 | DOC I | Filed 10/10/19 | Dago 12 of 50 | Desc Main |
|---------------------------|---|------------------------|----------------------------|--|---|
| Debtor 1 | Ashley Dawn Glassner | | Document | Page 13 of 50 Case number (if known) | |
| ☐ Yes. | Institution name | e and descr | iption. Separately file th | e records of any interests.11 U.S.C. § 521(c) | : |
| ■ No | • | | ty (other than anything | g listed in line 1), and rights or powers ex | ercisable for your benefit |
| ⊔ Yes. | Give specific information abo | ut them | | | |
| Exam _i ■ No | ts, copyrights, trademarks, tr ples: Internet domain names, v Give specific information abo | vebsites, pro | | | |
| | ses, franchises, and other ge | | aibles | | |
| Exam ■ No | ples: Building permits, exclusiv | e licenses, | | n holdings, liquor licenses, professional licens | ses |
| ⊔ Yes. | Give specific information abo | ut them | | | |
| Money or | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax re | funds owed to you | | | | |
| ■ No □ Yes. | Give specific information about | ut them, incl | uding whether you alrea | ady filed the returns and the tax years | |
| 29. Family | | | | | |
| <i>Exam</i> ■ No | ples: Past due or lump sum ali | mony, spou | sal support, child suppo | ort, maintenance, divorce settlement, property | / settlement |
| | Give specific information | | | | |
| | amounts someone owes you ples: Unpaid wages, disability i benefits; unpaid loans yo | insurance p | | efits, sick pay, vacation pay, workers' compe | ensation, Social Security |
| ☐ Yes. | Give specific information | | | | |
| | sts in insurance policies ples: Health, disability, or life in | nsurance; he | ealth savings account (h | HSA); credit, homeowner's, or renter's insura | nce |
| | Name the insurance company Compa | of each po ny name: | licy and list its value. | Beneficiary: | Surrender or refund value: |
| If you | aterest in property that is due are the beneficiary of a living to one has died. | | | d surance policy, or are currently entitled to rec | eive property because |
| | Give specific information | | | | |
| | s against third parties, wheth ples: Accidents, employment d | | | t or made a demand for payment to sue | |
| ■ No □ Yes | Describe each claim | | | | |
| | | claims of e | every nature, including | g counterclaims of the debtor and rights t | o set off claims |
| _ | Describe each claim | | | | |
| | | Procee | ds within six month | s of filing of bankruptcy | |
| | | petitio | | ce, property settlement, | \$1.00 |

Official Form 106A/B Schedule A/B: Property page 4

| Dobte | Case 19-35357 | | iled 10/10/19 Document | Entered 10 Page 14 of | 0/10/19 16:03:05 50 | Desc Main |
|--------------|--|--------------------------|---------------------------|--------------------------|--------------------------|------------------------|
| Debto | Ashley Dawn Glassr | ner | | | Case number (if known) | |
| 35. A | ny financial assets you did no | t already list | | | | |
| | No | • | | | | |
| | Yes. Give specific information | | | | | |
| 36 | Add the dollar value of all of y | our entries from | Part 4 including ar | v entries for nag | es vou have attached | |
| | or Part 4. Write that number h | | | | | \$199.81 |
| | | | | | | |
| Part 5 | Describe Any Business-Related | d Property You Owi | n or Have an Interest I | n. List any real esta | te in Part 1. | |
| | you own or have any legal or equ | uitable interest in au | ny business-related pr | operty? | | |
| _ | lo. Go to Part 6. | | | | | |
| | es. Go to line 38. | | | | | |
| | | | | | | |
| Part 6 | | | | n or Have an Interes | et In. | |
| | If you own or have an interest in f | iarmiano, list it in Pai | п. т. | | | |
| _ | you own or have any legal o | or equitable intere | est in any farm- or o | commercial fishin | g-related property? | |
| _ | No. Go to Part 7. | | | | | |
| | Yes. Go to line 47. | | | | | |
| | | | | | | |
| Part 7 | Describe All Property You | Own or Have an In | iterest in That You Did | Not List Above | | |
| | you have other property of a | | | | | |
| | xamples: Season tickets, count | ry club membersh | ip | | | |
| _ | เงo Yes. Give specific information | | | | | |
| _ | Teo. Give opcomo imornidaci | ••••• | | | | |
| 54. | Add the dollar value of all of y | our entries from | Part 7. Write that n | umber here | | \$0.00 |
| | | | | | | |
| Part 8 | List the Totals of Each Part | of this Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | | | \$3,350.00 | | · · |
| 57. | Part 3: Total personal and hou | ısehold items, lir | ne 15 | \$600.00 | | |
| 58. | Part 4: Total financial assets, | line 36 | | \$199.81 | | |
| 59. | Part 5: Total business-related | property, line 45 | | \$0.00 | | |
| | Part 6: Total farm- and fishing | | , line 52 | \$0.00 | | |
| 61. | Part 7: Total other property no | ot listed, line 54 | + | \$0.00 | | |
| 62. | Fotal personal property. Add li | ines 56 through 61 | 1 | \$4,149.81 | Copy personal property t | otal \$4,149.81 |
| 63. | Total of all property on Sched | ule A/B. Add line | 55 + line 62 | | | \$4,149.81 |

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this infor | mation to identify your | case. | | |
|---|-------------------------|--------------------|------------|--|
| | mation to laciting your | case. | | |
| Debtor 1 | Ashley Dawn Gla | ssner | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT O | F VIRGINIA | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exempti- | ons are you claiming | ? Check one only. | even if your | spouse is filing with | า vou |
|----|-----------------------|----------------------|-------------------|--------------|-----------------------|-------|
|----|-----------------------|----------------------|-------------------|--------------|-----------------------|-------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | | | Specific laws that allow exemption |
|--------------------------------------|---------------------|---|---|
| Copy the value from Schedule A/B | | | |
| \$3,350.00 | | \$3,350.00 | Va. Code Ann. § 34-26(8) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$3,350.00 | | \$1.00 | Va. Code Ann. § 34-4 |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$100.00 | | \$100.00 | Va. Code Ann. § 34-26(4a) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$500.00 | | \$500.00 | Va. Code Ann. § 34-26(4) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$51.00 | | \$51.00 | Va. Code Ann. § 34-4 |
| | | 100% of fair market value, up to | |
| | \$3,350.00 \$100.00 | \$3,350.00 | Copy the value from Schedule A/B \$3,350.00 \$3,350.00 \$3,350.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit \$500.00 \$500.00 \$500.00 \$51.00 |

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Case number (if known)

| | 7.01110 Julius Olucolius | | | | |
|----|--|--------------------------------------|-----------------------------------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | Checking: Atlantic Union Bank Line from Schedule A/B: 17.1 | \$2.00 | | \$2.00 | Va. Code Ann. § 34-4 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Atlantic Union Bank Line from Schedule A/B: 17.2 | \$2.00 | | \$2.00 | Va. Code Ann. § 34-4 |
| | Elle Holli Genedale 74B. 11.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Ally Bank Line from Schedule A/B: 17.3 | \$75.05 | | \$75.05 | Va. Code Ann. § 34-4 |
| | Line Holli Schedule AVB. 11.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Bonds Line from Schedule A/B: 20.1 | \$68.76 | | \$68.76 | Va. Code Ann. § 34-4 |
| | Line Holli Schedule AVB. 20.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Proceeds within six months of filing of bankruptcy | \$1.00 | | \$1.00 | Va. Code Ann. § 34-4 |
| | petition from life insurance, property settlement, or any decedent's estate. Line from Schedule A/B: 34.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 | | | led on or after the date of adjustmer | nt.) |
| | No | | | | |
| | ☐ Yes. Did you acquire the property covere | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? |
| | □ No | | | | |
| | □ Voc | | | | |

| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|--------------------|------------|---------------------|
| Debtor 1 | Ashley Dawn Gla | ssner | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT O | F VIRGINIA | |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | | | Docum | <u>nent Page 18 </u> | ot 50 | • | |
|-----------|----------------|---|---------------------------|--------------------------------|--------------------------------|-------------------------|----------------------|
| Fill in | this inform | ation to identify your cas | se: | | | | |
| Debto | r 1 | Ashley Dawn Glass | ner | | | | |
| | | First Name | Middle Name | Last Name | | | |
| Debto | | E: AN | NO. III. N | | | | |
| (Spouse | it, filing) | First Name | Middle Name | Last Name | | | |
| United | States Ban | kruptcy Court for the: _E | ASTERN DISTRICT | OF VIRGINIA | | | |
| Case r | number | | | | | | |
| (if knowr | | | | | | ☐ Check | k if this is an |
| | | | | | | amen | ded filing |
| Offici | ial Earm | 106E/F | | | | | |
| | | | o Hava Uncar | ourad Claims | | | 12/15 |
| | | F: Creditors What accurate as possible. Use F | | | t 2 for graditors with NON | IDDIODITY alaima I | |
| | | acturate as possible. Use racts or unexpired leases that | | | | | |
| Schedu | le G: Executo | ory Contracts and Unexpire | d Leases (Official Form | n 106G). Do not include any | y creditors with partially s | secured claims that | are listed in |
| | | rs Who Have Claims Secure | | | | | |
| | | inuation Page to this page. I ber (if known). | t you have no informa | iion to report in a Part, do i | not file that Part. On the t | op of any additiona | l pages, write your |
| | | of Your PRIORITY Unse | cured Claims | | | | |
| | | s have priority unsecured c | | | | | |
| | No. Go to Pa | • • | g , | | | | |
| - | Yes. | | | | | | |
| | | priority unsecured claims. If | a creditor has more tha | n one priority unsecured clai | im. list the creditor separate | elv for each claim. Fo | r each claim listed. |
| | | e of claim it is. If a claim has b | | | | | |
| | | claims in alphabetical order a | | | an two priority unsecured cl | aims, fill out the Cont | inuation Page of |
| | | nan one creditor holds a partic | | | | | |
| (Fo | or an explanat | ion of each type of claim, see | the instructions for this | orm in the instruction bookle | et.) Total claim | Priority | Nonpriority |
| | | | | | | amount | amount |
| 2.1 | | ichmond - TAX | Last 4 digits | of account number | \$130.00 | \$130.00 | 90.00 |
| | , | ditor's Name road Street. Room 107 | 7 When was th | ne debt incurred? | | | |
| | | nd, VA 23219 | When was ti | | | - | |
| | | eet City State Zip Code | As of the dat | te you file, the claim is: Che | eck all that apply | | |
| W | /ho incurred | the debt? Check one. | ☐ Continger | nt | | | |
| | Debtor 1 on | ıly | ☐ Unliquidat | ted | | | |
| | Debtor 2 on | ıly | ☐ Disputed | | | | |
| | Debtor 1 an | nd Debtor 2 only | Type of PRIC | ORITY unsecured claim: | | | |
| | At least one | e of the debtors and another | ☐ Domestic | support obligations | | | |
| _ | _ | is claim is for a community | debt Taxes and | d certain other debts you owe | e the government | | |
| Is | the claim su | ıbject to offset? | ☐ Claims for | r death or personal injury whi | ile you were intoxicated | | |
| | No | | ☐ Other. Sp | ecify | | | |
| | Yes | | | Tax Balance Du | ie | | _ |
| | | | | | | | |
| Part 2 | l iet ΔII | of Your NONPRIORITY | Insecured Claims | | | | |
| | | s have nonpriority unsecure | | } | | | |
| _ | - | e nothing to report in this part. | | | ıles | | |
| | | s nouning to report in this part. | Capital tale form to the | Jour Will your office Scriedu | | | |
| | Yes. | | | | | | |
| | | nonpriority unsecured claim | | | | | |
| | | , list the creditor separately fo r holds a particular claim, list t | | | | | |

Part 2.

Total claim

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Page 19 of 50 Case number (if known) Document Debtor 1 Ashley Dawn Glassner

| 4.1 | ABC Financial Services, Inc. | Last 4 digits of account number XXXX | Unknown |
|-----|---|---|------------|
| | Nonpriority Creditor's Name Re: Golds Gym | When was the debt incurred? | |
| | P.O. Box 6800 North Little Rock, AR 72124 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Account Balance | |
| 4.2 | Chava S. Binshtok | Last 4 digits of account number | \$4,405.00 |
| | Nonpriority Creditor's Name 7544 S. Franklins Way Quinton, VA 23141 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Judgment | |
| 4.3 | Comenity bank/VCTRSSEC | Last 4 digits of account numberxxxx | \$1,827.00 |
| | Nonpriority Creditor's Name P.O. Box 182789 Columbus, OH 43218 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Account Balance | |

Document Page 20 of 50 Case number (if known) Debtor 1 Ashley Dawn Glassner 4.4 **Kings Dominion** Last 4 digits of account number Unknown Nonpriority Creditor's Name 16000 Theme Park Way When was the debt incurred? P. O. Box 2000 Doswell, VA 23047 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Account Balance ☐ Yes 4.5 MCV Physicians of the VCU Heal Last 4 digits of account number Unknown XXXX Nonpriority Creditor's Name PO Box 91747 When was the debt incurred? Richmond, VA 23291 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Medical Services** Other. Specify 4.6 US Dept of Edn/GLEL \$2,661.00 Last 4 digits of account number XXXX Nonpriority Creditor's Name PO Box 7860 When was the debt incurred? Madison, WI 53707 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify ☐ Yes Student Loan Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Ashley Dawn Glassner

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | 1 | otal Claim |
|--------------|-----|---|-----|----|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 130.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 130.00 |
| | | | | 1 | otal Claim |
| T. () | 6f. | Student loans | 6f. | \$ | 2,661.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 6,232.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 8,893.00 |

| Debtor 1 Ashley Dawn Glassner |
|--|
| |
| First Name Middle Name Last Name |
| Debtor 2 |
| (Spouse if, filing) First Name Middle Name Last Name |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA |
| Case number (if known) |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Gold's Gym
1601 Willow Lawn Dr, Ste 3A
Richmond, VA 23230

State what the contract or lease is for
Gym - reject

| | | Docume | ent Page 23 d | of 50 | |
|------------------------|--|--------------------------------|--------------------------|---|------|
| Fill in thi | s information to identify your | r case: | | | |
| Debtor 1 | Ashley Dawn Gla | assner | | | |
| 200101 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, f | iling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: | EASTERN DISTRICT C | F VIRGINIA | | |
| | | | | | |
| Case nur (if known) | mber | | | Charle Williams | |
| (II KIIOWII) | | | | Check if this is an amended filing | |
| | | | | amended ming | |
| Officia | al Form 106H | | | | |
| | dule H: Your Cod | lobtors | | 40/45 | |
| Scrie | dule H. Toul Cot | ienioi 2 | | 12/15 | |
| ■ No□ Ye | es ithin the last 8 years, have yo | u lived in a community pr | operty state or territor | ry? (Community property states and territories include | |
| ■ No | ona, California, Idaho, Louisiana o. Go to line 3. es. Did your spouse, former spo | ouse, or legal equivalent live | with you at the time? | | |
| in lin Form | e 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | rif your spouse is filing with you. List the person sho sure you have listed the creditor on Schedule D (Offic 16G). Use Schedule D, Schedule E/F, or Schedule G to | cial |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | ZIP Code | | Column 2: The creditor to whom you owe the del Check all schedules that apply: | ot |
| 24 | | | | □ Cahadula D. lina | |
| 3.1 | Name | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line | |
| | | | | | |
| | Number Street | Stata | ZIP Code | | |
| | City | State | ZIP Code | | |
| | | | | _ | _ |
| 3.2 | | | | Schedule D, line | |
| | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| | in this information | | | | | | | | | | |
|--------------------|---|-------------------------------------|---|--|--------------|----------------|-------------|---------------------------|-------------------------|----------------------------------|-----------------|
| De | btor 1 | Ashley Daw | n Glassner | | | _ | | | | | |
| 1 | btor 2 ouse, if filing) | | | | | _ | | | | | |
| Un | ited States Bankrup | ptcy Court for the | EASTERN DISTRICT | OF VIRGINIA | | | | | | | |
| | se number | | | _ | | | Che | ck if this is | : | | |
| (If k | nown) | | | | | | | An amende | Ū | | |
| _ | | | | | | | | | | ing postpetition following date: | |
| <u>U</u> | fficial Form | <u>1061</u> | | | | | i | MM / DD/ \ | YYYY | | |
| S | chedule I: | Your Inco | ome | | | | | | | | 12/15 |
| sup spo atta | pplying correct info puse. If you are se och a separate she | ormation. If you parated and you | sible. If two married peo are married and not filii r spouse is not filing wi On the top of any additi | ng jointly, and your | spouse i | is liv mati | ing witl | n you, incl it your sp | ude infoi ouse. If n | rmation about nore space is | your needed, |
| 1. | Fill in your emp information. | loyment | | Debtor 1 | | | | Debtor 2 | 2 or non- | filing spouse | |
| | If you have more than one job, | | Employment status | ■ Employed | | | | ☐ Empl | oyed | | |
| | attach a separate information abou employers. | | Limployment status | ☐ Not employed | | | | ☐ Not e | mployed | | |
| | | | Occupation | Guest Services | 3 | | | - | | | |
| | Include part-time self-employed wo | | Employer's name | Drive Shack Ri | chmond | LL | <u> </u> | | | | |
| | Occupation may or homemaker, if | | Employer's address | 111 W. 19th Str 8th Floor New York, NY | | | | | | | |
| | | | How long employed t | here? Began | 8/2019 | | | . <u> </u> | | | |
| Pa | rt 2: Give De | etails About Mor | nthly Income | | | | | | | | |
| | imate monthly inc use unless you are | | ate you file this form. If | you have nothing to | report for | any | line, wri | te \$0 in the | space. Ir | nclude your noi | n-filing |
| | ou or your non-filing e space, attach a s | | ore than one employer, co | ombine the information | on for all e | empl | oyers fo | r that perso | on on the | lines below. If | you need |
| | | | | | | | For De | ebtor 1 | | ebtor 2 or iling spouse | |
| 2. | | | ry, and commissions (b calculate what the monthl | | 2. | \$ | | 346.67 | \$ | N/A | |
| 3. | Estimate and lis | st monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross | Income. Add lir | ne 2 + line 3. | | 4. | \$ | 3 | 346.67 | \$ | N/A | |

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| Deb | tor 1 | Ashley Dawn Glassner | | | (| Case | number (if k | nown) | | | | |
|-----|--------------------|---|--|------------------|------------|-------------|--------------|--------------|-------------|------------------------|-------------|---|
| | | | | | | For | Debtor 1 | | | · Debtor n-filing s | | |
| | Cop | y line 4 here | | 4. | | \$ | 340 | 6.67 | \$ | i iiiiig s | N/A | |
| 5. | l ist | all payroll deductions: | | | | | | | | | | |
| J. | 5a. | Tax, Medicare, and Social Secur | ity deductions | 5a | | \$ | 2. | 2.50 | \$ | | N/A | |
| | 5a. 5b. | Mandatory contributions for reti | - | 5b | | \$ - | | 2.50 0.00 | \$ - | | N/A N/A | |
| | 5c. | Voluntary contributions for retire | • | 5c | | \$ _ | | 0.00 | \$_ | | N/A | |
| | 5d. | Required repayments of retirements | | 5d | | \$_ | | 0.00 | \$_ | | N/A | |
| | 5e. | Insurance | | 5e | | \$ | | 0.00 | \$ | | N/A | |
| | 5f. | Domestic support obligations | | 5f. | | \$ | | 0.00 | \$ | | N/A | |
| | 5g. | Union dues | | 59 | J. | \$ | | 0.00 | \$ | | N/A | |
| | 5h. | Other deductions. Specify: | | 5h | 1.+ | \$ | | 0.00 | + \$_ | | N/A | |
| 6. | Add | I the payroll deductions. Add lines | 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 32 | 2.50 | \$_ | | N/A | |
| 7. | Cal | culate total monthly take-home pay | . Subtract line 6 from line 4. | 7. | | \$ | 314 | 4.17 | \$ | | N/A | |
| 8. | List 8a. | all other income regularly received Net income from rental property profession, or farm Attach a statement for each proper receipts, ordinary and necessary b | and from operating a business, ty and business showing gross | | | • | | | | | | |
| | O.I. | monthly net income. | | 8a | | \$_ | | 0.00 | \$_ | | N/A | |
| | 8b. | Interest and dividends | a nan filing anawaa ay a danan | 8b |). | \$_ | | 0.00 | \$_ | | N/A | |
| | 8c. | regularly receive | ou, a non-filing spouse, or a depend child support, maintenance, divorce it. | 3em 80 |) . | \$ | (| 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | | 80 | ı. | \$ | | 0.00 | \$ | | N/A | |
| | 8e. | Social Security | | 8e | €. | \$ | | 0.00 | \$ | | N/A | |
| | 8f. | | alue (if known) of any non-cash assistance (if known) of any non-cash assistance (if known) and all the supplemental in the su | | - | \$ | | 0.00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | | 89 | J. | \$ | | 0.00 | \$_ | | N/A | |
| | 8h. | Other monthly income. Specify: | Part Time Employment (babysitting) | 8h | 1.+ | \$_ | 200 | 0.00 | + \$_ | | N/A | |
| 9. | Add | all other income. Add lines 8a+8b | +8c+8d+8e+8f+8g+8h. | 9. | : | \$ | 200 | 0.00 | \$_ | | N/A | |
| 10 | Cal | culate monthly income. Add line 7 | + line 9. | 10. | \$ | | 514.17 | + \$ | | N/A | = \$ | 514.17 |
| | | the entries in line 10 for Debtor 1 and | | | Ť- | | <u> </u> | | | - 1477 | - | • |
| 11. | Incl othe Do | ude contributions from an unmarried per friends or relatives. not include any amounts already including | the expenses that you list in Scheo partner, members of your household, your uded in lines 2-10 or amounts that are | your depe | | | • | | | | ∍ J. +\$ | 0.00 |
| 12. | | e that amount on the Summary of Sc | ine 10 to the amount in line 11. The hedules and Statistical Summary of C | | | | | | | 12. | \$ | 514.17 |
| | | | | | | | | | | | monthly | |
| 13. | Do □ | you expect an increase or decrease No. Yes. Explain: | e within the year after you file this f | orm? | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

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| Fill in | this informa | tion to identify yo | our case: | | | 1 | | |
|------------------|--|-------------------------------------|----------------------------|--|---------------------------|------------------|---|---|
| Debtor | | | | or | | Chec | k if this is: | |
| Debioi | | Ashley Dawı | I GIASSII | ei - | | | An amended filing | |
| Debtor (Spous | r 2 se, if filing) | | | | | | A supplement shown a supplement shown a supplement a supplement shown as a supplement a supplement a supplement shown a supplement a supplement a supplement shown a | ving postpetition chapter the following date: |
| United | l States Bankr | untey Court for the | · FASTE | RN DISTRICT OF VIRGIN | IA | _ | MM / DD / YYYY | |
| | | upicy Court for the | . LACTE | THE PROPERTY OF THE PROPERTY O | | ' | WIWI 7 00 7 1 1 1 1 | |
| (If know | numbe r wn) | | | | | | | |
| Offi | icial Fo | rm 106J | | | | • | | |
| Sch | hedule | J: Your | Exper | ises | | | | 12/15 |
| Be as inform | complete a | and accurate as | possible eded, atta | . If two married people ar ch another sheet to this | | | | |
| Part 1 | | ibe Your House | hold | | | | | |
| _ | ls this a joir — | | | | | | | |
| | ■ No. Go to □ Yes. Doe | | in a separ | ate household? | | | | |
| - | 00. 200 N □ | | a copa. | | | | | |
| | □ Y | es. Debtor 2 mus | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Debt | or 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | | | | □ No |
| C | dependents | names. | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | Yes |
| | | | | | | | | □ No |
| 3. [| Do vour exp | enses include | _ | No | | | | ☐ Yes |
| € | expenses of | f people other t | han $_{oldsymbol{\sqcap}}$ | Yes | | | | |
| | yourself and | d your depende | nts? — | | | | | |
| exper | nate your ex | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the va | de expense alue of such tial Form 10 | n assistance an | non-cash d have ind | government assistance it | f you know 'our Income | | Your exp | enses |
| (Onic | iai Form 10 | юі.) | | | | | rou. oxp | |
| | | or home owners | | ses for your residence. In or lot. | nclude first mortgage | e 4. \$ | | 0.00 |
| ŀ | f not includ | led in line 4: | | | | | | |
| 4 | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| | • | rty, homeowner's | | | | 4b. \$ | | 0.00 |
| | | maintenance, re owner's associat | | ipkeep expenses | | 4c. \$ 4d. \$ | | 0.00 |
| | | | | oominium dues o ur residence , such as hoi | me equity loans | 4a. \$ 5. \$ | | 0.00 |

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| Deb | tor 1 | Ashley D | awn Glassner | c | case num | ber (if known) | |
|-----|---------------|---------------|--|--------------------------------|-----------------|----------------|-----------------------------|
| 6. | Utiliti | ies: | | | | | |
| ٥. | 6a. | | heat, natural gas | | 6a. | \$ | 0.00 |
| | 6b. | • | ver, garbage collection | | 6b. | | 0.00 |
| | 6c. | | , cell phone, Internet, satellite, and cabl | e services | 6c. | · | 50.00 |
| | 6d. | Other. Spe | • | | 6d. | \$ | 0.00 |
| 7. | Food | | ekeeping supplies | | _ _{7.} | · | 300.00 |
| 8. | | | hildren's education costs | | 8. | \$ | 0.00 |
| 9. | Cloth | hing, laund | y, and dry cleaning | | 9. | \$ | 50.00 |
| 10. | | • | roducts and services | | 10. | \$ | 50.00 |
| 11. | | - | ntal expenses | | 11. | · | 5.00 |
| | | | Include gas, maintenance, bus or train | are. | | · | |
| | | | ar payments. | | 12. | \$ | 150.00 |
| 13. | Ente | rtainment, | clubs, recreation, newspapers, maga | zines, and books | 13. | \$ | 125.00 |
| 14. | Char | itable cont | ibutions and religious donations | | 14. | \$ | 0.00 |
| 15. | Insur | rance. | | | | | |
| | | | surance deducted from your pay or incl | uded in lines 4 or 20. | | | |
| | | Life insura | | | 15a. | · | 0.00 |
| | 15b. | Health ins | ırance | | 15b. | \$ | 0.00 |
| | 15c. | Vehicle ins | surance | | 15c. | \$ | 150.00 |
| | 15d. | Other insu | rance. Specify: | | 15d. | \$ | 0.00 |
| 16. | | | clude taxes deducted from your pay or i | ncluded in lines 4 or 20. | | | |
| | Spec | , | | | 16. | \$ | 0.00 |
| 17. | | | ease payments: | | 4- | • | |
| | | | ents for Vehicle 1 | | 17a. | · - | 0.00 |
| | | | ents for Vehicle 2 | | 17b. | · | 0.00 |
| | | Other. Spe | - | | 17c. | · | 0.00 |
| | | Other. Spe | | | 17d. | \$ | 0.00 |
| 18. | | | of alimony, maintenance, and support | | 18. | \$ | 0.00 |
| 10 | | | our pay on line 5, Schedule I, Your II you make to support others who do | | 10. | \$ | 0.00 |
| 13. | Spec | | you make to support others who do | not live with you. | 19. | Ψ | 0.00 |
| 20 | | · — | erty expenses not included in lines 4 | or 5 of this form or on Schedu | | ur Income | |
| 20. | | | on other property | or 5 or this form or on 5chedi | 20a. | | 0.00 |
| | | Real estat | | | 20b. | | 0.00 |
| | | | nomeowner's, or renter's insurance | | 20c. | · | 0.00 |
| | | | ce, repair, and upkeep expenses | | 20d. | · | 0.00 |
| | | | er's association or condominium dues | | 20e. | | 0.00 |
| 21. | | r: Specify: | Miscellaneous Expenses | | 21. | | 100.00 |
| ۷۱. | Othe | ii. Specily. | wiscellaneous Expenses | | | τ φ | 100.00 |
| 22. | Calcu | ulate your ı | nonthly expenses | | | | |
| | 22a. <i>i</i> | Add lines 4 | through 21. | | | \$ | 980.00 |
| | 22b. (| Copy line 22 | 2 (monthly expenses for Debtor 2), if any | , from Official Form 106J-2 | | \$ | |
| | 22c. / | Add line 22a | a and 22b. The result is your monthly ex | penses. | | \$ | 980.00 |
| | ٠. | | | | | | |
| 23. | | • | nonthly net income. | | 00 | • | |
| | | | 12 (your combined monthly income) from | | 23a. | | 514.17 |
| | 23b. | Copy your | monthly expenses from line 22c above. | | 23b. | -\$ | 980.00 |
| | 00- | Ch.t a.t | | | | | |
| | 23C. | | our monthly expenses from your monthlis your monthly net income. | y income. | 23c. | \$ | -465.83 |
| | | THE TESUIL | is your monuny net income. | | | | |
| 24. | Do vo | ou expect a | in increase or decrease in your exper | ses within the year after you | file this | form? | |
| | For ex | xample, do yo | u expect to finish paying for your car loan witl | | | | se or decrease because of a |
| | | | erms of your mortgage? | | | | |
| | ■ No | 0. | | | | | |
| | □Y€ | es. | Explain here: | | | | |

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| Fill in this infor | rmation to identify your | case: | | | |
|---------------------|--|---------------------------|-----------------------------|-------------------------|---|
| Debtor 1 | Ashley Dawn Gla | ssner | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT O | F VIRGINIA | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official For | m 106Dec | | | | |
| | | n Individual | Debtor's Sc | hedules | 12/15 |
| | | | | | |
| If two married p | eople are filing together | , both are equally respon | nsible for supplying corr | ect information. | |
| obtaining mone | | n connection with a bank | | | ment, concealing property, or 0, or imprisonment for up to 20 |
| Sig | gn Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out ba | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | | | | | |
| | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules filed | d with this declaration | n and |
| X /s/ Asi | hley Dawn Glassner | | x | | |
| | y Dawn Glassner | | Signature of I | Debtor 2 | |
| Signati | ire of Debtor 1 | | | | |

Date _____

Date **October 10, 2019**

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| Fill | in this inform | ation to identify you | r case: | | | | | | | |
|-------------------|--|---|--|---|--|---|--|--|--|--|
| De | btor 1 | Ashley Dawn Gl | assner | | | | | | | |
| | | First Name | Middle Name | Last Name | | | | | | |
| | btor 2 ouse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| Un | ited States Ban | kruptcy Court for the: | EASTERN DISTRICT OF | VIRGINIA | | | | | | |
| | se number | | | | | Check if this is an | | | | |
| | | | | | | amended filing | | | | |
| | ficial For | | Affairs for Indivi | duals Filing for B | ankruptcy | 4/19 | | | | |
| info nun | ormation. If months | ore space is needed,). Answer every que | attach a separate sheet to stion. | this form. On the top of an | equally responsible for sup y additional pages, write you | | | | | |
| | - | | rital Status and Where You | I Lived Before | | | | | | |
| 1. | what is your | current marital statu | 15 ? | | | | | | | |
| | ■ Married■ Not marr | ied | | | | | | | | |
| 2. | During the la | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | ■ No □ Yes. List | all of the places you I | ived in the last 3 years. Do n | ot include where you live now | <i>i</i> . | | | | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | dress: | Dates Debtor 2 lived there | | | | |
| 3. stat | | | | | ity property state or territor ico, Texas, Washington and V | | | | | |
| | ■ No □ Yes. Mal | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | | | | | |
| Pa | rt 2 Explair | n the Sources of You | r Income | | | | | | | |
| 4. | Fill in the total | amount of income yo | u received from all jobs and | ng a business during this yould businesses, including parter together, list it only once ur | | ndar years? | | | | |
| | □ No | | | | | | | | | |
| | Yes. Fill | in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | |
| | | of current year until I for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$3,000.00 | ☐ Wages, commissions, bonuses, tips | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | |

Official Form 107

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Case number (if known) Document

Debtor 1 Ashley Dawn Glassner

| | Debtor 1 | | Debtor 2 | |
|---|---|---|--|---|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | |
| For last calendar year: (January 1 to December 31, 2018) | ■ Wages, commissions, bonuses, tips | \$8,415.00 | ☐ Wages, commiss bonuses, tips | ions, |
| | ☐ Operating a business | | ☐ Operating a busir | ness |
| For the calendar year before that: (January 1 to December 31, 2017) | ■ Wages, commissions, bonuses, tips | \$8,245.00 | ☐ Wages, commiss bonuses, tips | ions, |
| | ☐ Operating a business | | ☐ Operating a busir | ness |
| Did you receive any other income Include income regardless of wheth and other public benefit payments; winnings. If you are filing a joint cas List each source and the gross income. No Yes. Fill in the details. | ner that income is taxable. Exa pensions; rental income; interest and you have income that y | imples of other income are a est; dividends; money collect ou received together, list it o | ed from lawsuits; royal nly once under Debtor | Ities; and gambling and lottery |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| Part 3: List Certain Payments You | Made Before You Filed for E | Bankruptcy | | |
| individual primarily for a During the 90 days beform No. Go to line 7 Yes List below expaid that crunot include * Subject to adjustment Yes. Debtor 1 or Debtor 2 or During the 90 days beform No. Go to line 7 Yes List below expaid that crunot include pay | Debtor 2 has primarily consult personal, family, or household personal, family, or household per you filed for bankruptcy, did a cach creditor to whom you paid editor. Do not include payment payments to an attorney for the ton 4/01/22 and every 3 years or both have primarily consulting you filed for bankruptcy, did you cach creditor to whom you paid | mer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,825* or more its for domestic support oblighis bankruptcy case. Is after that for cases filed on mer debts. d you pay any creditor a total d a total of \$600 or more and | of \$6,825* or more? n one or more paymen ations, such as child stor after the date of adjute of \$600 or more? the total amount you p | upport and alimony. Alsó, do ustment. |
| Creditor's Name and Address | Dates of paymen | nt Total amount paid | Amount you Wa | as this payment for |

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| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | | |
|-----|--|-------------------------|--|---------------|-----------------------|-----------------------------------|--|--|--|
| | No☐ Yes. List all payments to an insider. | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount y | | this payment | | | |
| В. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | • | | | ebt that benefited an | | | |
| | No No | | | | | | | | |
| | Yes. List all payments to an insider Insider's Name and Address | Dates of payment | Total amount | Amount y | ou Reason for | this payment | | | |
| | | | paid | still o | | | | | |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | | | | |
| | Case title | Nature of the case | Court or agency | | Status of th | ne case | | | |
| | Case number Chava S. Binshtok v Ashley Dawn Glassner GV17005210-00 | Warrant in Debt | Henrico Distric VA | t Court | ☐ Pending ☐ On appe | eal | | | |
| | Chava S. Binshtok v Ashley Dawn Glassner GV17005210-01 | Garnishment | Arnishment Henrico General District PO Box 90775 Henrico, VA 23273 | | | ■ Pending □ On appeal □ Concluded | | | |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, fo | oreclosed, g | arnished, attached | d, seized, or levied? | | | |
| | Creditor Name and Address | Describe the Property | | | Date | Value of the | | | |
| | | Explain what happened | ı | | | property | | | |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details. | | luding a bank or fin | ancial instit | ution, set off any a | amounts from your | | | |
| | Creditor Name and Address | Describe the action the | creditor took | | Date action was taken | Amount | | | |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes | | erty in the possessi | | | efit of creditors, a | | | |

Debtor 1 Ashley Dawn Glassner

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Case number (if known)

| Pa | rt 5: List Certain Gifts and Contribution | ns | | | | | | | | | |
|-----|--|---|---|-----------------------------------|-----------------------|--|--|--|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. | | | | | | | | | | |
| | Gifts with a total value of more than \$60 per person | 00 | Describe the gifts | Dates you gave the gifts | Value | | | | | | |
| | Person to Whom You Gave the Gift and Address: | Person to Whom You Gave the Gift and Address: | | | | | | | | | |
| 14. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or or | | lid you give any gifts or contributions with a tota | I value of more than | \$600 to any charity? | | | | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | total | Describe what you contributed | Dates you contributed | Value | | | | | | |
| Pa | rt 6: List Certain Losses | | | | | | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? No Yes. Fill in the details. | since you filed for bankruptcy, did you lose anyt | hing because of thef | t, fire, other disaster, | | | | | | | |
| | Describe the property you lost and | Descri | be any insurance coverage for the loss | Date of your | Value of property | | | | | | |
| | how the loss occurred | Include | the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property. | loss | lost | | | | | | |
| | 2014 Ford Fiesta | Vehicl | e totalled | 7/31/2019 | \$3,100.00 | | | | | | |
| | consulted about seeking bankruptcy or | ıptcy, die preparin | d you or anyone else acting on your behalf pay on gabankruptcy petition? s, or credit counseling agencies for services required | , , | rty to anyone you | | | | | | |
| | No | | | | | | | | | | |
| | Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | | |
| | Boleman Law Firm 2104 Laburnum Avenue Ste 201 Richmond, VA 23230-1588 | | Legal Fees | | \$900.00 | | | | | | |
| | Boleman Law Firm 2104 Laburnum Avenue Ste 201 Richmond, VA 23230-1588 | | Bankruptcy Filing Fee | | \$335.00 | | | | | | |
| | Boleman Law Firm 2104 Laburnum Avenue Ste 201 Richmond, VA 23230-1588 | | Credit Counseling | | \$25.00 | | | | | | |

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Debtor 1 Ashley Dawn Glassner

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and transferred | value of any property | | Date payment or transfer was made | Amount of payment |
|-----|--|---|-----------------------------------|-------------|--|-------------------------------|
| | Boleman Law Firm 2104 W. Laburnum Avenue Ste 201 Richmond, VA 23230-1588 | Homestead De | ed | | | \$22.00 |
| | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you | rs or to make payment | | half pay or | transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and transferred | value of any property | | Date payment or transfer was made | Amount of payment |
| | Within 2 years before you filed for bankrupto transferred in the ordinary course of your but include both outright transfers and transfers mainclude gifts and transfers that you have already in the details. | usiness or financial af ide as security (such as | fairs? the granting of a secur | | | |
| | — Tes. I ill III the details. | 5 | | | | 5 |
| | Person Who Received Transfer Address | Description and property transfe | | | ny property or received or debts hange | Date transfer was made |
| | Person's relationship to you Self | Liquidated bor | ndo \$100.00 | | | |
| | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details. | tcy, did you transfer a | | settled tru | st or similar device | of which you are a |
| | Name of trust | Description and | value of the property | transferre | d | Date Transfer was |
| | | | | | | made |
| Par | t 8: List of Certain Financial Accounts, Ins | truments, Safe Depos | it Boxes, and Storage | Units | | |
| | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No Yes. Fill in the details. | r other financial accou | unts; certificates of de | | • | |
| | Name of Financial Institution and | Last 4 digits of | Type of account or | Date | e account was | Last balance |
| | Address (Number, Street, City, State and ZIP Code) | account number | instrument | clos | sed, sold, ved, or asferred | before closing or transfer |

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Debtor 1 Ashley Dawn Glassner

| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | |
|-----|--|--|---------------------------------------|-----------------------|--|--|--|--|--|--|
| | No No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | | | |
| 22. | Have you stored property in a storage unit or pla | ace other than your home within 1 | year before you filed for bankruptcy? | • | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | | | |
| Par | t 9: Identify Property You Hold or Control for S | Someone Else | | | | | | | | |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | | | | |
| | ■ No | | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | | | |
| Par | t 10: Give Details About Environmental Informa | ition | | | | | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the ai regulations controlling the cleanup of these sub | r, land, soil, surface water, ground | - · | | | | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | defined under any environmental la | aw, whether you now own, operate, o | or utilize it or used | | | | | | |
| | Hazardous material means anything an environmental hazardous material, pollutant, contaminant, or s | | waste, hazardous substance, toxic s | ubstance, | | | | | | |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of when | they occurred. | | | | | | | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liable | under or in violation of an environme | ental law? | | | | | | |
| | No | | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | | | | |
| | ■ No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | | |
| | | | | | | | | | | |

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Debtor 1 **Ashley Dawn Glassner**

| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | | | |
|-----|---|---|---|--------|----------------------------------|--------------------|--|--|--|--|
| | ■ No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Natu | ure of the case | Status of the case | | | | |
| Par | t 11: | Give Details About Your Business or C | connections to Any Business | | | | | | | |
| 27. | Wit | hin 4 years before you filed for bankruptc | y, did you own a business or have an | y of t | the following connections to any | business? | | | | |
| | | ☐ A sole proprietor or self-employed in | a trade, profession, or other activity, | eithe | er full-time or part-time | | | | | |
| | | ☐ A member of a limited liability compa | ny (LLC) or limited liability partnershi | ip (LL | _P) | | | | | |
| | | ☐ A partner in a partnership | | | | | | | | |
| | | ☐ An officer, director, or managing exe | cutive of a corporation | | | | | | | |
| | | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | | | | |
| | | Yes. Check all that apply above and fill i | n the details below for each business | | | | | | | |
| | | | Describe the nature of the business | | Employer Identification number | | | | | |
| | | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security r | iumber or IIIN. | | | | |
| | | | | | Dates business existed | | | | | |
| 28. | | hin 2 years before you filed for bankruptc itutions, creditors, or other parties. | y, did you give a financial statement t | o any | yone about your business? Inclu | de all financial | | | | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | | |
| | Ad | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | | | | |

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| Part 12: Sign Below | | |
|--|---------------------------------|---|
| I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | |
| /s/ Ashley Dawn Gla | assner | |
| Ashley Dawn Glassner Signature of Debtor 1 | | Signature of Debtor 2 |
| Date October 10, 2 | 019 | Date |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No □ Yes | | |
| Did you pay or agree to ■ No | pay someone who is not an attor | ney to help you fill out bankruptcy forms? |
| ☐ Yes. Name of Person | Attach the Bankruptcy Petit | on Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this info | rmation to identify your | case: | | |
|---------------------|--|-----------------------------|---------------------------------|---|
| Debtor 1 | Ashley Dawn Gla | ssner | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT C | F VIRGINIA | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| If you are an inc | | pter 7, you must fill out t | uals Filing Under | Cnapter 7 12 |
| You must file th | nis form with the court w sever is earlier, unless th | | le your bankruptcy petition or | by the date set for the meeting of creditors d copies to the creditors and lessors you I |
| | people are filing togethe and date the form. | r in a joint case, both are | equally responsible for supply | ying correct information. Both debtors mu |
| • | and accurate as possib | • | led, attach a separate sheet to | this form. On the top of any additional pag |

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|---|---|
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Ashley Dawn Glassner | | awn Glassner | Case number (if known) | | |
|-------------------------------|--|---------------------------------------|---|---|--|
| | name: Description of | | ☐ Retain the property and redeem it.☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes | |
| | oroperty securing debt: | | ☐ Retain the property and [explain]: | | |
| or n th | any unexpired per ne information belo | ow. Do not list real estate leases. I | s ed in Schedule G: Executory Contracts and Une Jnexpired leases are leases that are still in effe if the trustee does not assume it. 11 U.S.C. § 30 | ct; the lease period has not yet ended. | |
| Des | scribe your unexp | ired personal property leases | | Will the lease be assumed? | |
| Les | ssor's name: | Gold's Gym | | ■ No | |
| | | | | ☐ Yes | |
| Pro | scription of leased operty: | Gym - reject | | | |
| Jnd | ler penalty of perju | | my intention about any property of my estate th | nat secures a debt and any personal | |
| Χ | /s/ Ashley Daw | n Glassner | x | | |
| | Ashley Dawn (Signature of Debt | | Signature of Debtor 2 | | |
| | Date Octob | er 10, 2019 | Date | | |

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| In re | re Ashley Dawn Glassner | | Case No. | |
|-------|-------------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

| | DISCLOSURE OF COMPENSATION OF | ATTORNEY FOR | DEBTOR | | |
|----|---|---|---|-------------------|--|
| 1. | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify the compensation paid to me, for services rendered or to be rendered on behalf bankruptcy case is as follows: | of the debtor(s) in content | | | |
| | For legal services, I have agreed to accept | | 900.00 | | |
| | Prior to the filing of this statement I have received | \$ | 900.00 | | |
| | Balance Due | \$ | 0.00 | | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify) | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify) | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compensation with any other | er person unless they are mo | embers and associates of my la | aw firm | |
| | ☐ I have agreed to share the above-disclosed compensation with a person or property of the agreement, together with a list of the names of the people sharing | | | m. A | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. Other provisions as needed: Subject to the terms of Paragraph 6, the Boleman Law Firm, P.C. agrees to represent Debtor(s) throughout this bankruptcy case until entry of an order of withdrawal or substitution of counsel, discharge or dismissal. Representation may be provided by any or all attorneys of the Boleman Law Firm, P.C. | | | | |
| 6. | By agreement with the debtor(s), the above-disclosed fee does not include the frequency of Debtor(s) in any adversary proceedings; remedies or enforcement of rights based upon non-bankru U.S. Bankruptcy Court are specifically excluded. The Fees P.C. and Debtor(s) is neither a "flat fee" agreement nor a "reserves the right to seek compensation in excess of the feeservices provided to Debtor(s) exceed the above stated an multiplied by the hourly billing rate as set forth in the Feeser and Debtor(s) and such services are billable at either the confidence. | avoidance of any undictory law; or representation and Costs Agreement maximum fee" agreement er requested in Paragranount, based upon the and Costs Agreement ractual or current ra | ation in any forum outside between the Boleman Law ent. The Boleman Law Fire oph 1, where the fees for hours of services provided between the Boleman Law tes as provided by that | w Firm m ed | |

Case 19-35357 Doc 1 Filed 10/10/19 Entered 10/10/19 16:03:05 Desc Main Document Page 40 of 50 CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

| October 10, 2019 | /s/ Patrick Thomas Keith |
|------------------|------------------------------------|
| Date | Patrick Thomas Keith 48446 |
| | Signature of Attorney |
| | Boleman Law Firm, P.C. |
| | Name of Law Firm |
| | P.O. Box 11588 |
| | Richmond, VA 23230-1588 |
| | (804) 358-9900 Fax: (804) 358-8704 |

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,296 (For all Cases Filed on or after 01/01/2019)

NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

| PROOF OF SEI | RVICE |
|--|-------|
| The undersigned hereby certifies that on this date the foregoing Noti and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's mail). Date | |

| Fill in | this information to identify your case: | | | | | directed in this form and | l in Form |
|------------------------|---|---|-------------------------------------|------------------------------|------------------------------|--|-----------------------------------|
| Debto | Ashley Dawn Glassner | | | 2A-1Supp: | | | |
| Debto (Spous | or 2 e, if filing) | | | ■ 1. There | e is no pres | sumption of abuse | |
| Unite | d States Bankruptcy Court for the: Eastern District of | Virginia | | appl | ies will be r | to determine if a presumade under <i>Chapter</i> 7 | |
| Case (if know | numbervn) | | | ☐ 3. The f | Means Test | ficial Form 122A-2). t does not apply now b y service but it could a | |
| O.(.) | · | | | | | an amended filing | |
| | <u>cial Form 122A - 1</u> apter 7 Statement of Your Cur | rent Mor | nthly Inc | ome | | | 10/1 |
| attach case n | complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wumber (if known). If you believe that you are exempted fror ing military service, complete and file Statement of Exempter Calculate Your Current Monthly Income | hich the addition n a presumption | nal information a of abuse becau | applies. On ise you do i | the top of a not have pri | ny additional pages, wri marily consumer debts o | te your name and or because of |
| | What is your marital and filing status? Check one on | ılv | | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | ııy. | | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. □ Married and your spouse is filing with you. Fill out | ıt hath Calumna | A and B lines | 2 11 | | | |
| | ☐ Married and your spouse is NOT filing with you. | | | 2-11. | | | |
| | ☐ Living in the same household and are not lega | • | • | Jumne A a | nd R lines | 2-11 | |
| | ☐ Living separately or are legally separated. Fill of | | | | • | | u declare under |
| | penalty of perjury that you and your spouse are le living apart for reasons that do not include evadir | egally separated | d under nonbar | nkruptcy lav | w that appli | es or that you and you | |
| 10 ² the | in the average monthly income that you received from all (10A). For example, if you are filing on September 15, the 6-m 6 months, add the income for all 6 months and divide the total buses own the same rental property, put the income from that p | onth period would by 6. Fill in the re | be March 1 throsult. Do not include | ugh August : de any incor | 31. If the amone amount m | ount of your monthly incornore than once. For examp | ne varied during ble, if both |
| | | | | Column A Debtor 1 | 1 | Column B Debtor 2 or non-filing spouse | |
| | Your gross wages, salary, tips, bonuses, overtime, a payroll deductions). | and commission | ons (before all | \$ | 267.45 | \$ | |
| | Alimony and maintenance payments. Do not include Column B is filled in. | . , | • | \$ | 0.00 | \$ | |
| | All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3. | Include regular , your depende | contributions nts, parents, | \$ | 0.00 | \$ | |
| 5. | Net income from operating a business, profession, | | | | | | |
| | | | otor 1 | | | | |
| | Gross receipts (before all deductions) | \$ <u>0.00</u> -\$ <u>0.00</u> | | | | | |
| | Ordinary and necessary operating expenses | 0.00 | Copy here -> | \$ | 0.00 | \$ | |
| | Net monthly income from a business, profession, or farn Net income from rental and other real property | | оору пого и | Ψ | | <u> </u> | |
| 6. | not income from rental and other real property | Deb | otor 1 | | | | |
| | Gross receipts (before all deductions) | \$ 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 | | | | | |
| | Net monthly income from rental or other real property | \$ 0.00 | Copy here -> | \$ | 0.00 | \$ | |
| | Interest, dividends, and royalties | | | \$ | 0.00 | \$ | |
| | | | | | | | |

Doc 1 Filed 10/10/19 Entered 10/10/19 16:03:05 Desc Main Case 19-35357 Page 42 of 50 Document Ashley Dawn Glassner Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 267.45 267.45 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 267.45 Multiply by 12 (the number of months in a year) **x** 12 3.209.40 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. VΔ 1 Fill in the number of people in your household. 61.864.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14a. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Ashley Dawn Glassner

Ashley Dawn Glassner

Signature of Debtor 1

Date October 10, 2019

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| Debtor 1 | Ashley Dawn Glassner | Case number (if known) | |
|----------|---|------------------------|--|
| | MM/DD/YYYY | | |
| | If you checked line 14a, do NOT fill out or file Form 122A-2. | | |

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Debtor 1 Ashley Dawn Glassner

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 04/01/2019 to 09/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Babysitting

Income by Month:

| 6 Months Ago: | 04/2019 | \$200.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 05/2019 | \$200.00 |
| 4 Months Ago: | 06/2019 | \$200.00 |
| 3 Months Ago: | 07/2019 | \$200.00 |
| 2 Months Ago: | 08/2019 | \$200.00 |
| Last Month: | 09/2019 | \$200.00 |
| | Average per month: | \$200.00 |

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Drive Shack [Began 7/2019]

Year-to-Date Income:

Income for six-month period (Ending-Starting): \$404.70 .

Average Monthly Income: \$67.45.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | er 7: | Liquidation |
|------------|----------|-------|--------------------|
| | | \$245 | filing fee |
| | | \$75 | administrative fee |
| | <u>+</u> | \$15 | trustee surcharge |
| | | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| _ | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-35357 Doc 1 Filed 10/10/19 Entered 10/10/19 16:03:05 Desc Main Document Page 49 of 50

United States Bankruptcy Court Eastern District of Virginia

| | Eastern District of Virginia | | | | | | |
|-------|---|--------------------------|-----------|---|--|--|--|
| In re | Ashley Dawn Glassner | | Case No. | | | | |
| | | Debtor(s) | Chapter 7 | 7 | | | |
| | COVER SHEET FOR LIST OF CREDITORS | | | | | | |
| | I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on computer diskette, by a typed hard copy in scannable format, with Request for Waiver attached, or uploaded by Electronic Case Filing is a true, correct and complete listing to the best of my knowledge. | | | | | | |
| | I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes. | | | | | | |
| | Master mailing list of creditors submitted via: | | | | | | |
| | (a) computer diskette listing a total of creditors; or | | | | | | |
| | (b) scannable hard copy, with Request for Waiver attached, consisting of pages, listing a total of creditors; or | | | | | | |
| | (c) X uploaded via Electronic Case Filing a total of 8 creditors. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Date: | October 10, 2019 | /s/ Ashley Dawn Glassner | | | | | |
| | | Ashley Dawn Glassner | | | | | |
| | | Signature of Debtor | | | | | |

[Check if applicable] ___ Creditor(s) with foreign addresses included on disk/hard copy.

[diskcs ver. R-05/23/00]

ABC Financial Services, Inc. Re: Golds Gym P.O. Box 6800 North Little Rock, AR 72124

Chava S. Binshtok 7544 S. Franklins Way Quinton, VA 23141

City of Richmond - TAX 900 E. Broad Street. Room 107 Richmond, VA 23219

Comenity bank/VCTRSSEC P.O. Box 182789 Columbus, OH 43218

Gold's Gym 1601 Willow Lawn Dr, Ste 3A Richmond, VA 23230

Kings Dominion 16000 Theme Park Way P. O. Box 2000 Doswell, VA 23047

MCV Physicians of the VCU Heal PO Box 91747 Richmond, VA 23291

US Dept of Edn/GLEL PO Box 7860 Madison, WI 53707